

APPLICATION AND CLAIM FOR MOTOR VEHICLE TAX REFUND

North Dakota Department of Transportation, Motor Vehicle Division
SFN 2883 (05-2006)

For Office Use Only

Class
County
Account

To be Completed by Applicant

Name			Title No.	
Address			VIN	
City	State	Zip Code	Amount of Tax Remitted	\$
			Corrected Tax Liability	\$
			Amount of Refund	\$
Was the motor vehicle purchased in North Dakota? Yes No				
Date tax was paid: _____				
Reason for Refund: _____				

I (We) certify that the enclosed bill, claim, account, or demand is just and true (including any accompanying schedules and statements); that the money claimed to be paid was actually paid and that no part of such bill, claim, account, or demand has been previously refunded.

DATE

X _____

X _____

APPROVAL

X _____
(Must be signed by all title owners)

X
Motor Vehicle Director as Agent for the Tax Commissioner of the State of North Dakota.

DATE

Mail to:
MOTOR VEHICLE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD
BISMARCK ND 58505-0780